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CONFIRMATION NO. 6607

| SERIAL NUMBER 10/783,727 | FILING OR 371(c) DATE 02/20/2004 RULE | CLASS 623 | GROUP ART UNIT 3773 | ATTORNEY DOCKET NO. |
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| APPLICANTS Adil Jamal Akhtar, West Bloomfield, MI; Syed Abid Mahmood, West Bloomfield, MI; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/14/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY MI | SHEETS DRAWING 7 | TOTAL CLAIMS 87 |
| | | | INDEPENDENT CLAIMS 6 | |
| ADDRESS ADIL JAMAL AKHTAR, M.D. 6601 PEMBRIDGE HILL WEST BLOOMFIELD, MI48322 | | | | |
| TITLE Drug delivery device | | | | |
| FILING FEE RECEIVED 1117 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |